POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*HL*		7-13-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	*CH*	1119	08-27-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

BEST AVAILABLE COPY

Claim / Date columns:

Final	Original	
	1	÷
	2	÷
	3	÷
	4	÷
	5	÷
	6	÷
	7	÷
	8	÷
	9	÷
	10	÷
	11	÷
	12	÷
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	14	—
	15	÷
	16	÷
	17	÷
	18	÷
	19	÷
	20	÷
	21	—
	22	÷
	23	
	24–50	

Middle column: 51–100 (blank)

Right column: 101–150 (blank)

If more than 150 claims or 10 actions
stapl   additional sheet here

(LEFT INSIDE)